

**CLAIMS ONLY**

Application Number

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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Total Indep			2			
Total Depend			1			
Total Claims			9			

	Indep	Depend	Indep	Depend	Indep	Depend	
51							
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100							
Total Indep							
Total Depend							
Total Claims							